## **2004 FOR PROFIT CORPORATION**

_	ANNUAL	REPORT	<b></b>	
DOCU 1. Entity Nam DLAVACI		739		FILED 04 APR 30 AM II: 39
	e of Business TBATTEN RD EE, FL 32301	Mailing Address 1201 MOUNTBATTEN RD TALLAHASSEE, FL 32301		SECRET, AT A ATE TALLAHAMA TE ORIDA
DO NOT WRITE IN THIS SPACE			CE	04272004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For
G. Name and Address of Current Registered Agent -			<b> </b>	59-3655167 Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required
SALTERS-THOMAS, DONNA L 1201 MOUNTBATTEN RD TALLAHASSEE, FL 32301				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Carmpaign Financing \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D SALTERS-THOMAS, DONNA L 1201 MOUNTBATTEN RD TALLAHASSEE, FL 32301	RECTORS		000035788200 05/07/0401096023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T-ZIP  ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			-	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with the	is filing does not qualify for the exe	emption stated in Sec	ection 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coproration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR  Daytime Prone #				